

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am

ST
LS
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000002849 (8)
 1. Corporation Name
THE NELSEN RESIDENCE, INC.



Principal Place of Business 2307 SE 15TH PLACE CAPE CORAL FL 33990	Mailing Address 2307 SE 15TH PLACE CAPE CORAL FL 33990-6620
--	---

3. Date Incorporated or Qualified 06/21/1993	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0443152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
**NELSEN, ELEANOR M
 2307 SE 15TH PLACE
 CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSEN, ELEANOR M
STREET ADDRESS	2307 SE 15TH PLACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> DELETE
NAME	FIGURSKI, WANDA
STREET ADDRESS	1415 SE 29TH ST
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> DELETE
NAME	FIGURSKI, MITCHELL
STREET ADDRESS	1415 SE 29TH ST
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> DELETE
NAME	REBAR, MARION
STREET ADDRESS	910 SE 43RD TERR
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> DELETE
NAME	SALOME, HELEN
STREET ADDRESS	1001 SE 43RD TERR
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)